

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032169

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 314Primary Registration District No. 4457Registrar's No. 51

FILED SEP 7 1962

1. PLACE OF DEATH

a. COUNTY

St. Clair

b. CITY (if outside corporate limits, give TOWNSHIP only)

OR TOWN Lowry City

Length of stay in 1b

2 years

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Clair

c. CITY

OR TOWN Lowry City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (if outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

William

Oscar

Radford

4. DATE OF DEATH

Month

Day

Year

August 16, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-28-93

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Clair County Missouri USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Joseph Radford

13b. MOTHER'S MAIDEN NAME

Rebecca Wright

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

Yes

WW # 1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

8 Melvin Radford, Lowry City Mo;

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Suicide

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Found suspended by neck in Garage

DUE TO (c)

Poor Health

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Chain around neck attached to rafter

20c. TIME OF INJURY
Hour a.m.
3: A.M.Month, Day, Year
8-16-6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

At home in garage

20f. CITY, TOWN, OR LOCATION

Lowry City St. Clair Missouri

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at

3: A.M.

the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ruth Seewers Local Registrar

22b. ADDRESS

Osceola Missouri

22c. DATE SIGNED

8/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/18/62

23c. NAME OF CEMETERY OR CREMATORY

Lowry City

23d. LOCATION (City, town, or county)

Lowry City Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Goodrich Funeral Home, Osceola Mo.

25. DATE RECD. BY LOCAL REG.

9/6/62

26. REGISTRAR'S SIGNATURE

Ruth Seewers

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MS SEP 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul J. Jantzen

Licensed Embalmer No. 3990

P. O. Address Osceola, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.